

**UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT**

PRISONER AUTHORIZATION FORM

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THIS SECTION MUST BE COMPLETED BY APPELLANT		
CASE TITLE: <i>Gottesfeld v. Hunziker</i>	USCA DOCKET NUMBER:	APPELLANT:
	20-1582	<i>Martin S. Gottesfeld</i>
	DISTRICT: <i>S.D.N.Y.</i>	COUNSEL'S NAME: <i>N/A</i>
DISTRICT/AGENCY NUMBER: <i>18-cv-10836-PGG-GWB</i>		COUNSEL'S PHONE: <i>N/A</i>

Pursuant to 28 USC § 1915(b), I, request and authorize the institution holding me in custody to send to the Clerk of the United States Court of Appeals for the Second Circuit certified copies of my prison trust fund account statements or the institutional equivalent for the past six months. I further request and authorize the institution holding me in custody to calculate the amounts specified by the statutes, to deduct those amounts from my prison trust fund account, or institutional equivalent, and to disburse those amounts to the United States District Court for the EDIT DISTRICT COURT *S.D.N.Y.*.

This authorization is furnished in connection with the above numbered and entitled case and shall apply to any institution into whose custody I may be transferred.

I UNDERSTAND THAT THE COURT OF APPEALS FILING FEE OF \$505 WILL BE PAID IN ITS ENTIRETY, IN MONTHLY INSTALLMENTS, BY AUTOMATIC DEDUCTIONS FROM MY PRISONER TRUST FUND ACCOUNT EVEN IF MY APPEAL IS DENIED OR DISMISSED.

THE COLLECTED FUNDS WILL BE FORWARDED AS PAYMENT UNDER § 1915 TO THE UNITED STATES DISTRICT COURT FOR THE EDIT DISTRICT COURT *S.D.N.Y.*



Signature of Appellant

Martin S. Gottesfeld, pro se
Print Name

A True Copy

Catherine O'Hagan Wolfe, Clerk

United States Court of Appeals, Second Circuit

Catherine O'Hagan Wolfe



Rev. February 25, 2014

**United States Court of Appeals for the Second Circuit
Thurgood Marshall U.S. Courthouse
40 Foley Square
New York, NY 10007**

DEBRA ANN LIVINGSTON
CHIEF JUDGE

Date: September 01, 2020
Docket #: 20-1582
Short Title: Gottesfeld v. Horwitz

CATHERINE O'HAGAN WOLFE
CLERK OF COURT

DC Docket #: 18-cv-10836
DC Court: SDNY (NEW YORK
CITY)
DC Judge: Gardephe

WARDEN'S NOTICE OF PRISONER AUTHORIZATION

Martin S. Gottesfeld, 12982-104 has filed an appeal with the United States Court of Appeals for the Second Circuit, thereby incurring filing fees in the amount of \$505.

Pursuant to 28 U.S.C. § 1915, appellant is proceeding in forma pauperis and must pay the total \$505 fee by monthly installments deducted from Appellant's prison trust fund account, or institutional equivalent.

Appellant has signed the enclosed Prisoner Authorization that requests and authorizes you to send a certified copy of Appellant's prison trust fund account for the past six months to the Clerk of the United States Court of Appeals for the Second Circuit. Immediately forward one copy of appellant's prison trust fund account for the past six months, to this Court, on the attached certified statement form.

The Prisoner Authorization further requests and authorizes your agency to calculate the amounts specified by 28 U.S.C. § 1915, to deduct those amounts from Appellant's prison trust fund account (or institutional equivalent) and to disburse those amounts as directed by the United States Court of Appeals for the Second Circuit.

In addition, please disburse all payments under 28 U.S.C. § 1915 to the **United States District Court for the Southern District of New York, New York City**.

Inquiries regarding this case may be directed to 212-857-8546.

**United States Court of Appeals for the Second Circuit
Thurgood Marshall U.S. Courthouse
40 Foley Square
New York, NY 10007**

**DEBRA ANN LIVINGSTON
CHIEF JUDGE**

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CLERK OF COURT**

DC Docket #: 18-cv-10836

DC Court: SDNY (NEW YORK
CITY)

DC Judge: Gardephe

CERTIFIED STATEMENT OF INSTITUTIONAL TRUST FUND ACCOUNT

Name: _____

Inmate Number: _____

This is to certify that the above referenced inmate has on deposit drawable funds in the amount of \$_____ for the past six months, the certified balances in the inmate account are:

Month	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Average Balance: _____

The average monthly deposit for this inmate over the past six months is \$_____.

A certified copy of the statement in the inmate's account, or institutional equivalent, is attached.

Date: _____ Signature of Authorized Officer _____

Printed Name: _____ Title & Agency: _____